## Page 1

## Request for Authorization of a Schoolwide Program

(Please print or type all information.)			
County:	School [	District:	
School:			
Street Address:			
City:			
Principal:		Telephone:	
FAX:	E-mail: <sub>_</sub>		
Consolidated Program Director:		Telephone:	
FAX:	E-Mail: _		
<u>Distr</u>	rict Criteria to Ran	k Schools	
Check one and include percentage.			
AFDC% Free/Reduced I	Lunch%	Combination&	Other%
The undersigned certify that this school components as listed on Attachment A site located at:		an incorporates the ten f	
http://www.cde.ca.gov/sp/sw/rt/			
Superintendent:		Date:	
Principal:		Date:	
School Leadership Team Representat	ive:		
School Site Council Chair:			
Consolidated Program Director:			
Student (Secondary):			
Technical Assistance Provider:			
Date of Local Board Approval:			
Projected Start Date of Schoolwide Pro	ogram:		

## **Certification and Signatures for Authorization of Schoolwide Program**

The undersigned certify that they have been involved in the schoolwide planning process as representatives for the programs included in this schoolwide program plan.

Check federal programs addressed in the schoolwide program plan.

Check federal programs addressed in the schoolwid	e program plan.
Federal Programs	Representatives' Signature (Required)
Title I, Part AImproving Basic Programs Operated by Local Educational Agencies	
Title I, Part BStudent Reading Skill Improvement Grants	
Title I, Part CEducation of Migratory Children (Migrant Parent)	
Title I, Part CEducation of Migratory Children (Director or Designee)	
Title I, Part DPrevention and Intervention Programs for Youth Who Are Neglected, Delinquent, or At Risk	
Title II, Preparing, Training, and Recruiting High-Quality Teachers and Principals	
Title III, Language Instruction for Limited-English- Proficient and Immigrant Students	
Title IV, 21 <sup>st</sup> Century Schools	
Title IV, Part ASafe and Drug-Free Schools and Communities	
. Title V, Promoting Informed Parental Choice and Innovative Programs	
Title V, Part D, Subpart 6Gifted and Talented Students	
Title VI, Flexibility and Accountability	
Title VII, Indian, Native Hawaiian, and Alaska Native Education	
Title VIII, Impact Aid Program	
Title IX, General Provisions	
Title X, Part CEducation of Homeless Children & Youths	
Title X, Part DNative American Education Improvement (Program Director/Coordinator or Indian Tribal Representative)	

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5	School Improvement Program (SIP)
5	School-Based Coordinated Program (SBCP)
E	Economic Impact Aid/Limited English Proficient (EIA/LEP)
E	Economic Impact Aid/State Compensatory Education (EIA/SCE)
5	Special Education
5	State Preschool
ŀ	Health Services
F	Food and Nutrition
ne ta	et NCLB requirements, each schoolwide program school must receive technical ince when it completes its comprehensive needs assessment and its schoolwide median. Please check the box for at least one entity that has provided technical ince for your school. Also, identify by name the lead provider for each box checked.
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California Department of Education
District and School Program Coordination Office
1430 N Street, Suite 4401
Sacramento, CA 95814